Wagoner County Sheriff's Office Wagoner, Oklahoma.

APPLICATION FOR EMPLOYMENT



| DATE: | | | | |
|--|----------------------------|--------------------------|----------------------|--|
| | | A. INSTRUCTIONS | | |
| Application must be typewritte are not complete will not be co wish to furnish additional infor answers to correspond with qu | onsidered. mation, atta | If the space provided is | not sufficient for o | complete answers or if you |
| | F | B. POSITION APPLIED I | | |
| | | 001110147111 | <u> </u> | |
| Job Title: | | | | |
| Are you applying for? | | What shifts will you we | check we | During the background will be contacting your brimer employers |
| F/T P/T TEMP/SE | | ☐ Days ☐ Nights☐ | | omer employers |
| Available Start Date: | | | | |
| | | C DEDECMAL HISTOR | DV | |
| | | C. PERSONAL HISTO | ₹ | |
| 1. Full Name | | | Date of B | irth// |
| First | | Middle | | Last |
| 2. Applicant's Current Address | ; | | | |
| Address | | | | |
| City | C | ounty | State | Zip |
| Telephone Number | Cel | l Phone Number | Messa | age Number |
| E-mail Address | | Webp | age/Facebook | |
| Emergency Contact Number: | | | | |

| Applicants Name: | | (Pri | nt Legibly) |
|---|---|----------------|-----------------|
| | nich you resided prior to your current residend d the length of time you lived at that address | | the |
| Complete Street Address | City, State, Zip | From Mo. / Yr. | To Mo. / Yr. |
| | | 1010.7 11. | IVIO. 7 TT. |
| | | | |
| | | | |
| Other: List all names you have used include example:maiden name, former name(s), al | ling circumstances and time periods you hav lias (es), or nickname(s). | e used ther | m. (For |
| Name | Circumstance | From | То |
| iname | Circumstance | Mo. / Yr. | Mo. / Yr. |
| | | | |
| | | | |
| 4. Are you a United States Citizen? | es 🗆 No | | |
| If naturalized, please provide: | Place | | |
| Court | Naturalization | n No. | |
| 5. Do you have or have you ever applied for | or a passport? Passport # | | |
| | of this job with or without reasonable accom | | |
| | D. DRIVING HISTORY | | |
| | nse? License number: | | |
| Do you have a valid Orianoma drivers lice | rise: License number | | |
| Date of expiration: Re | estrictions: Endorsements: | | |
| 2. Do you have or have you ever held a m | otor vehicle operator license in another state | ? | - |
| If YES, please provide state(s), name used | d, and approximate dates license(s) was/were | e held. | |
| | | | |
| | | | |
| | | | |

| Applicants Name: | | | | (Pr | int Legibly) |
|--|--------------------------|-----------------------|-----------------------|---------------------|-------------------|
| 3. Have you ever been denied issuance of a license o If YES, please provide complete details including why | r have you license wa | ever ha | d your license ed. | e revoked?_ | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4. Have you ever had automobile insurance refused, vinsurance? | withdrawn, | revoked | , or required | to obtain spe | cial risk |
| If YES, please provide complete details. | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| E. EDUCATION | ON / TRAII | NING | | | |
| High School or GED Name/Address | | ttended b/Yr To | Year Completed | Did You Graduate | Type of Diploma |
| | 1 | | | | |
| | | | | | |
| | | | | | |
| | Date A | ttended | | | |
| College Name/Address | | o/Yr To | Year Completed | Did You Graduate | Type of Degree |
| | | | | | |
| | | | | | |
| | | | | | |
| | | <u> </u> | | | <u>I</u> |
| Major: | N | linor: | | | |

| Other Schools (Trade, Vocational, Busine | ess or Military): | | | | | | |
|--|--------------------------|---------|---------------------------|------------------|-------------------------|---------------------|----|
| Collage Name/Address | Date Atte Mo/ From | | Credit Hours Earned | Area of Study | Year Completed | Did You Graduate | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| . Describe any awards, honors, citations ecognition you received while attending | | | | | | ther speci | al |
| 2. Have you ever been suspended or exp If yes, please explain: | pelled from scho | ool? | | | | | |
| | | | | | | | |
| | | | | | | | |
| 3. List any foreign languages that you ca | an speak: | | | | | | |
| List any foreign languages that you ca | an read: | | | | | | |
| List any foreign languages that you ca | an write: | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 4. Indicate any law enforcement educati | ion/training (Atta | nch add | itional p | aper as | necessary): | | |
| Indicate any law enforcement educati Name/Topic of Training | ion/training (Atta | 1 | itional p | aper as | necessary): Location of | f Training | |
| 4. Indicate any law enforcement educati Name/Topic of Training | | 1 | <u> </u> | aper as | | f Training | |
| | | 1 | <u> </u> | aper as | | f Training | |

| Applicants Name: | (Print Legibly) |
|--|---|
| 5. Has your law enforcement certification ever been sus | pended, revoked, relinquished or subject to discipline |
| or investigation by CLEET or any other law enforcement | ent certification agency? |
| If yes, explain. Please include date and location. | |
| | |
| | |
| 6. Describe any special abilities, interests, and hobbie | s including the degree of proficiency: |
| | |
| 7. Indicate any type of special license such as pilot, rac license was issued, and date current license expires (e | dio operator, etc., showing licensing authority, where the except vehicle operator's license). |
| | |
| 8. Indicate any special skills you possess and equipme work. (For example: two-way radio communications, b | ent you can use which may be related to law enforcemen reathalyzer, speed detection equipment, firearms): |
| | |
| 9. Have you had any training/education with K-9's? _ If yes, provide details: | |
| | |
| | DLOGY SKILLS Have Experience Using (any Version) |
| ☐ PC User ☐ Macintosh User ☐ Windows | ☐ Microsoft Word ☐ Microsoft Access |
| ☐ Microsoft Excel ☐ Microsoft Publisher ☐ W | eb page Design/Maintenance |
| ☐ Internet ☐ Scanner ☐ Copier ☐ Fax | |
| Other please list: | |
| | |

| Applicants Name: | | | (Print Legibly |
|--------------------------------------|---|-------------|-------------------|
| (Liet chronologically all ampleyment | G. EMPLOYMENT HISTORY beginning with present employment, including sumr | mar and nar | t time ampleyment |
| While attending school. All tin | ne must be accounted for. If unemployed, set forth d | ates of une | mployment): |
| Employer: | | | |
| Employer | | | |
| Address: | | <u> </u> | |
| City | | State | Zip T |
| Telephone: () | Supervisor Name | | Į |
| Dates From: To: | Final Rate of Pay: | | |
| Position Held: | T inal reaction ay. | | |
| Primary Duties: | | | |
| Reason for Leaving: | | | |
| NEXT EMPLOYER: | | | |
| Employer: | | | |
| Address: | | | |
| City | | State | Zip |
| · | | | |
| Telephone: () | Supervisor Name | | |
| Dates From: To: | Final Rate of Pay: | | |
| Position Held: | | | |
| Primary Duties: | | | |
| Reason for Leaving: | | | |
| NEXT EMPLOYER: | | | |
| Employer: | | | |
| Address: | | | _ |
| City | | State | Zip |
| | | | |
| Telephone: () | Supervisor Name | | |
| Dates From: To: | Final Rate of Pay: | | |
| Position Held: | | | |
| Primary Duties: | | | |

Reason for Leaving:

| Applicants Name: | | | (Print Legibly |
|---|--|--------------------------------|---------------------------------|
| (List chronologically all employment beginni While attending school. All time must | H. EMPLOYMENT HISTORY ing with present employment, including sun toe accounted for. If unemployed, set forth | nmer and part dates of unen | -time employment nployment): |
| Employer: | | | |
| Address: | | | |
| City | | State | Zip |
| | | | |
| Telephone: () | Supervisor Name | | |
| Dates From: To: | Final Rate of Pay: | | |
| Position Held: | | | |
| Primary Duties: | | | |
| Reason for Leaving: | | | |
| NEXT EMPLOYER: | | | |
| Employer: | | | |
| | | | |
| Address: | | State | Zin |
| City | | State | Zip |
| Telephone: () | Supervisor Name | II. | |
| Dates From: To: | Final Rate of Pay: | | |
| Position Held: | - Indi Nate of Cay. | | |
| Primary Duties: | | | |
| Reason for Leaving: | | | |
| NEXT EMPLOYER: | | | |
| | | | |
| Employer: | | | |
| Address: | | | |
| City | | State | Zip |
| | | I | |
| Telephone: () | Supervisor Name | | |
| Dates From: To: | Final Rate of Pav. | | |

Position Held:
Primary Duties:
Reason for Leaving:

| Applicants Name: | (Print Legibly) |
|--|------------------------------|
| Have you ever been dismissed or asked to resign or had any disciplinary action employment or volunteer position you have held? | n taken against you from any |
| If YES, please give details, including dates, employer's name, and specifics: | |
| | |
| | |
| 2. Have you resigned or left a job by mutual agreement following allegations of r job performance? | misconduct or unsatisfactory |
| If YES, please give details, including dates, employer's name, and specifics: | |
| | |
| | |
| 3. Have you ever applied to or performed paid or unpaid services for a law enfo this application as an employer? | rcement agency not listed on |
| If YES, please provide name of agency and date of application or service: | |
| | |
| | |
| 4. Do you or have you owned a business, or are you or were you a partner or co | orporate officer in any |
| business or organization not listed previously as an employer? | |
| If YES, please provide name and address of business, corporation or organization relationship or position, and nature of business: | on and describe your |
| | |
| | |
| | |

| Applicants Name: | | | (Print Legibly) |
|--|---|--------------------------------------|-----------------------------|
| I. APPLICA | NTS WITH CURRENT OR PRIO | R LAW ENFORCEMEN | T EXPERIENCE |
| 1. Identify ALL complaints (| however characterized) made | e against you by any ı | member of the public. |
| Agency | Name of Complainant | Approximate Date | Disposition |
| | | | |
| | | | |
| | | | |
| Identify ALL complaints (including supervisors or ac | (however characterized) mad dministrators). | e against you by any | law enforcement personnel |
| Agency | Name of Complainant | Approximate Date | Disposition |
| | | | |
| | | | |
| | | | |
| 3. Identify ALL claims or la on allegations of negligent | wsuits (however characterize or wrongful acts or omissions | d) filed against you or s by you. | your employing agency based |
| Agency | Name of Complainant | Approximate Date | Disposition |
| | | | |
| | | | |

| | Supervisor or Administrator | | Basis and Form of |
|-------------------------|---|-------------------------|----------------------------|
| Agency | Taking Action | Approximate Date | Discipline |
| | | | |
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| | | | |
| | ances in which you have been red h/deception technology. | quested or ordered to | take a polygraph exam, CVS |
| Agency | Basis for Exam | Approximate Date | Outcome |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | J. MILITARY I | HISTORY | |
| Have you ever serve | ed on active duty in the armed for | ces of the United State | es? |
| ranch of Service: | | Highest Rank | x: |
| erial #: | Duty Dates: From | n:To: | From:To: |
| | From | n:To: | From: To: |
| Date and type of disc | charge: | | |
| | | | |
| Are you now or have | you ever been a member of a re | serve unit or the Natio | nal Guard? |
| If you atota the brane | ch of service, name and location of | of your unit: | |
| ii yes, state the brain | on or service, name and location of | or your arm. | |
| | | | |
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| Applicants Name: | (Print Legibly) |
|--|------------------------------|
| | |
| 5. Was there any type of disciplinary action taken against you in the service? | If yes, please provide: |
| Date: Place: | |
| Nature of Offense: | |
| Action Taken: | |
| 6. Have you served in the armed forces of another country? | |
| if yes, please specify countries and dates: | |
| | |
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| | |
| K. BUSINESS INTERESTS & LICENSES | |
| | |
| 1. Do you or have you ever owned any stock or interest in any firm, partnership o | r corporation dealing wholly |
| or partly in the sale or distribution of alcoholic beverages? | |
| 2. Are you now issued or have you been issued a license to engage in a business | s or profession? |
| Was any such license ever cancelled, relinquished, suspended or revoked? | |
| If yes to question #1, #2, #3, please provide details including the name and addressive or certificate, the agency that issued the license, effective date of the license. | • • |
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| | |

| Applicants Name: (Print L | _egibly) |
|---|----------|
| L. ORGANIZATION MEMBERSHIP | |
| 1. Are you now, or have you ever been, a member of any foreign or domestic organization, association movement, group or combination of persons which advocates or approves the commission of acts of violence to deny other persons their rights under the constitution of the United States, or which seeks the form of government of the United States by unconstitutional means? | |
| If Yes, please list the name of the organization, its location, and dates of membership | |
| | |
| | |
| 2, Have you ever made a financial or other material contribution to any organization of the type descriquestion one? | bed in |
| If Yes, explain including name of organization, date, time, location, and specific contribution made. | |
| | |
| | |
| | |
| 3. At the time of your membership, participation, or contribution, did you know of any unlawful aims of organization? | the |
| If yes, please explain including the name of the organization, dates, location, and specific details. | |
| | |
| | |

| Applicants Name: | (Print Legibly) |
|---|---|
| M. PERSONAL & | PROFESSIONAL REFERENCES |
| 1. Personal References: Please list the names | of three (3) persons not related to you by blood or marriage: |
| Name: Last First Middle | Home Address: |
| City: | State: Zip: |
| Years known: | Home Phone: () |
| Occupation: | Business Address: |
| City: | State: Zip: |
| | Business Phone: |
| Last First Middle | Home Address: State: Zip: |
| Years known: | Home Phone: () |
| Occupation: | Business Address: |
| City: | State: Zip: |
| | Business Phone: |
| Name: | . Home Address: |

| Name [.] | | | Home Address: | |
|-------------------|-------|--------|----------------------|--|
| Last | First | Middle | 7.00.10 7.00.10 50.1 | |
| City: | | | State: Zip: | |
| Years known: | | | Home Phone: () | |
| Occupation: | | | Business Address: | |
| City: | | | State: Zip: | |
| | | | Business Phone: | |

| Name: Last | First | Middle | Home Address: | |
|---------------|-------|--------|-------------------|------|
| City: | | | State: | Zip: |
| Years known: | | | Home Phone: () | |
| Occupation: | | | Business Address: | |
| City: | | | State: | Zip: |
| | | | Business Phone: | |
| Name: | | | Home Address: | |
| Last | First | Middle | | |
| City: | | | State: | Zip: |
| Years known: | | | Home Phone: () | |
| Occupation: | | | Business Address: | |
| City: | | | State: | Zip: |
| | | | Business Phone: | |
| | | | | |
| Name: Last | First | Middle | Home Address: | |
| City: | | | State: | Zip: |
| Years known: | | | Home Phone: () | |
| Occupation: | | | Business Address: | |
| City: | | | State: | Zip: |
| | | | Rusinass Phone: | |

(Print Legibly)

Applicants Name:

N. DOCUMENTS TO BE ATTACHED TO APPLICATION

- Attach a copy of current driver's license.
 Attach a certified copy of high school diploma, college diploma or transcripts.
 Attach a copy of military discharge.
 Attach a 3"X 5" ID-type photograph

| Applicants Name: | (Print Legibly) |
|--|--|
| | TIFICATION OF ACCURACY & NOTARY SEAL |
| form is true and complete to the best of my k of information will subject me to disqualification to update all information contained in this doc failure to update this information may result in I understand that should an investigation disc | , Hereby certify that each and every statement made on this nowledge, and I understand that any misstatement or omissions on or dismissal. I, also acknowledge that I have a continuing duty cument and, if employed by this agency, I acknowledge that my n my discipline up to and including termination from employment. close inaccurate, incomplete or misleading answers, my moved from consideration for employment with the Wagoner termination from employment. |
| Signed this theday of | , 20 |
| Signature in full | |
| Printed Name in Full | |
| | NOTARY |
| State of Oklahoma) : County of) | ss. |
| | before me, the undersigned notary public in and for the or identified to me to be the nin instrument, and acknowledged to me that |
| he/she executed the same. | |
| IN WITNESS WHEREOF, I have hereunto se Statement first above written. | et my hand and affixed my official seal the day and year in this |
| Notary Public in and for the State of Oklahom Residing in | |
| My Commission Expires: | |

OKLAHOMA POSSE (PEACE OFFICER SCREENING AND SELECTION EXAMINATION)

The **POSSE** measures the candidate's ability to demonstrate basic academic skills needed to successfully complete the CLEET training – reading, writing, performing math calculations, and using basic communication and reasoning skills. The **POSSE** was developed in partnership with the Council for Law Enforcement Education and Training (CLEET) to meet Oklahoma legislative requirements for entrance into its training academy for basic peace officer training.

Information applicable to the Oklahoma POSSE Exam:

- Covers reading comprehension, math calculations, written communication, and writing reports.
- Administered at Oklahoma technology centers
- Delivered online through a web-based testing system
- Time limit for test is 95 minutes
- 70 questions 60 multiple and 10 written response
- <u>CALCULATORS ARE NOT PERMITTED.</u> Candidates my use scratch paper for calculations this will be provided by the test center and collected when testing is concluded
- 70% cumulative score on the **POSSE** satisfies entrance requirements to CLEET academy
- Candidates may take the **POSSE** three times. After three unsuccessful attempts, the candidate must wait one year before testing again.
- Technology centers may offer classes for academic remediation to candidates seeking assistance before retesting
- Test centers are not required to maintain any documentation for this exam.

Individual **POSSE** results are provided to CLEET and to the departments/agency indicated during online test registration. Candidates must agree to the results distribution procedures in order to take the **POSSE**. Candidates who do not agree to the procedures will be exited from the testing system. Candidates must provide enter their Social Security Number during test registration; the card need not be presented.

POSSE results will be communicated to candidates via email – results are typically processed weekly on Mondays. In the event a candidate does not have an email address, he/she may request that test center mail his/her results. Candidates who want results mailed must provide the test center with a self-addressed, stamped envelope.

Information and test preparation/remediation resources for candidates can be accessed by clicking the Oklahoma POSSE link at www.okhcp.com. Technology centers may offer academic remediation through enrollment in short-term classes to candidates who are unsuccessful on their first or second attempts of the test.

IMPORTANT: Information that applies to the Oklahoma POSSE Exam

- Documentation Required: Valid, current photo ID issued by a US or tribal government entity.
- Fees Collected by Test Site: \$45 per administration at physical test site/\$60 per administration through the virtual test site.



PHYSICAL AGILITY TEST WAIVER

| | gility Test administered by the Wagoner County Sheriff's Office, I self, my heirs, executors and administrators, hereby release and |
|--|--|
| forever discharge the Wagoner County Sheriff's Office involved in the administration of the physical agility to liabilities, actions, claims, demands, damages, costs are as agencies or individuals, arising out of, or in any way Wagoner County Sheriff's Office Physical Agility Test at me. I understand that this waiver includes, but is not I other action or inaction by any of the above parties. I condition and fitness are adequate for me to safely page | and all other entities, organizations, businesses or individuals est, and their agents, representatives, and assignees, from all and expenses, which I may now or in the future have against them, a connected with my participation in or the operation of the and including, but not limited to, all injuries that may be suffered by limited to, any claims that are based on any alleged negligence or attest and verify that, to the best of my knowledge, my physical articipate in this Physical Agility Test and all portions thereof, and a vised me against participating in this test or any portion thereof. |
| Name: | Date: |
| Signature: | |
| PHYSICAL AGILITY REAI | DINESS QUESTIONNAIRE (Circle One) |
| Yes/No – Has your doctor ever said that you have a he activity? | eart condition and recommended only medically approved physical |
| Yes/No – Do you have chest pain brought on by physic | cal activity? |
| Yes/No – Have you developed chest pain at rest in the | past month? |
| Yes/No – Do you have a bone or joint problem or a knactivity? | own injury that could be aggravated by the proposed physical |
| Yes/No – Are you currently taking medication for high | blood pressure or a heart condition? |
| Yes/No – Are you aware, through your own experience medical approval? | e or a doctor's advice, of any reason against your exercising without |
| Name: | Date: |
| Signature | |

Oklahoma Department of Public Safety: Pre-employment Polygraph Booklet

| 1. Full legal name. |
|---|
| |
| |
| |
| 2. Date of birth. |
| |
| |
| |
| 3. Social Security Number (Last 4 digits only). |
| |
| |
| |
| 4. Driver's License Number. |
| |
| |
| |
| 5. Position for which you are applying. |
| |
| |
| |

| 6. Date. |
|---|
| |
| |
| 7. If you have ever taken a polygraph examination before, please give the date and reason for the examination below. |
| |
| PREFACE |
| The information contained in this booklet, which will be used by your polygraph examiner and background investigator, is an integral part of your application process. The information you provide in the forthcoming pages is confidential but will be viewed by the polygraph examiner, the background investigator, and commissioned members of the Departmental chain of command for review and hiring purposes. |
| We realize it would be a rarity for any applicant to have no mistakes or personal indiscretions in his or her past. Therefore, we place a high degree of value on your honesty and integrity in answering the following questions truthfully. We ask you to be completely honest in each and every area of this booklet. Do not minimize, alter, or exclude any details about any information in this booklet. If you are uncertain about a particular issue in any of these areas specific to your situation, you should err on the side of caution and include the information about the issue. The polygraph examiner is authorized by this department to ask any and all questions relating to the information in this booklet or other information they deem necessary. During the polygraph examination, you will have an opportunity to give an explanation about any and all information you disclosed. |
| In reference to the area of work history, the term "reprimand" refers to any verbal or written reprimands or disciplinary actions. In the areas of criminal activity and illegal drugs, the polygraph examiner understands that there may be information you are reluctant to provide or apprehensive to disclose. However, your failure to disclose all information in these areas will definitely have an adverse impact on the results of your polygraph examination and application for employment with the Department of Public Safety. |
| INSTRUCTIONS: Answer all questions completely. If the question is not applicable, write "N/A". Only write "UNKNOWN" if you do not know the answer and cannot obt6an the answer from personal records. Booklets with blank areas will not be accepted. |
| 8. Position Applied For. |
| |

Personal Background

| 9. Full name (First, Middle Last) Other names (Aliases, maiden names, nicknames, etc). |
|--|
| |
| 10. Residence Address |
| |
| 11. Home Phone: Cell Phone: |
| Office Phone: |
| |
| 12 Last 4 of Social Socurity Number |
| 12. Last 4 of Social Security Number |
| 13. DL Number and State of Issue |
| |
| 14. E-mail: |
| 14. L'IIIGII. |

Residences

| owner(c threats/ incident | amaged property, non-point in the property of | payment, p | ossible evio | ction, or a de a sumn | s a resul nary of th |
|---------------------------------|---|----------------------------|--------------|--------------------------|-------------------------|
| - d | antional III | | | | |
| au | cational H | SLOF | y | | |
| action | id you ever receive any n while in college? Answe incidents. | | | | |
| | | | | | |
| | | | | | |
| Wo | rk History | | | | |
| | rk History | | | | |
| 17. off, inc | Describe any disciplinary etc.) taken against you dent, list the name of the disciplinary action was ta | ı at a plad employer, v | ce of emplo | yment: F | or each |
| 17. off, inc | Describe any disciplinary etc.) taken against you dent, list the name of the | ı at a plad employer, v | ce of emplo | yment: F | or each |

| 19. List any former employers who would give you a negative reference, such as for work performance, personality conflicts, qui without giving sufficient (2-3 weeks) notice, or any other reasons each instance, list the employer, when and why. | tting |
|---|------------|
| | |
| 20. Describe any incidents in which you accessed pornography at (including by iPad, iPhone, or by any other means): For each incidist the employer, when, and describe the materials. | |
| Military Record (Includi Reserve or National Gua Service) | _ |
| 21. Have you ever applied and been rejected for military service. Answer yes or no. If yes, list when and what branch of service. | e? |
| 22. List all types of disciplinary actions, if any, while in the milita (active, reserve, etc.) including arrest, letter of reprimand, or reprimand, court martial, captain's mast, company punishment Article 15,loss of rank/rating or receiving less than an honoral discharge, etc. For each instance, list the charge, date, your age at the time, a the disposition. | ral nt, |
| | |

THE POLYGRAPH EXAMINER IS AUTHORIZED TO ASK YOU QUESTIONS REGARDING THE TRUTHFULNESS OF YOUR STATEMENTS ABOUT PRIOR WORK AND MILITARY-RELATED DISCIPLINARY ACTION.

Activity Involving Persons or Property

For all of the following questions, answer "Yes" or "No." If you answer "Yes," explain all "yes" answers that you have given for each question. Include date of incidents, circumstances, number of times, locations, and value of any property involved.

| 23. Have you ever engaged in any act of unlawfully taking the life of another human being? |
|---|
| |
| 24. Have you ever engaged in any act of unlawfully abducting |
| another person? |
| |
| |
| 25. Have you ever engaged in any act of knowingly making sexual contact or sexual penetration, including fondling of breast or genitals for sexual gratification, sexual intercourse, oral sex or anal sexual penetration, or exposing your genitals or anus to another person who was under the age of 14? |
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| |
| 26. Have you ever engaged in any act, after turning 18, of knowingly making sexual contact or sexual penetration to include fondling of breast or genitals for sexual gratification, sexual intercourse, oral sexual, or anal sexual penetration with another person who was less than 16 years of age? |
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| 27. Have you ever engaged in any act of exposing your genitals, breast, or anus in public to rouse sexually or to gratify yourself or another person? |
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| 28. Have you ever engaged in any act causing bodily injury to another person? |
| 29. Have you ever engaged in any act of violence against a member of your family or household (including slapping, kicking, pushing, punching, choking or restraining)? |
| 30. Have you ever had any engagement in any type of sex act with an animal? |
| 31. Have you ever had any engagement in a sex act with another, without that person's permission? |
| 32. Have you ever engaged in any act of sexual assault, wither by force or threats of injury, including using a position of authority to persuade someone to have sex with you? |
| 33. Have you ever engaged in any performance of a sex act while on the job? |

| 34. Have you ever received any type of payment for a sex act? |
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| 35. Have you ever participated in any type of commercial sexual activity (including prostitution, escort service, or massage parlor), either in the US or in another country? |
| 36. Have you ever engaged in any incestuous act of knowingly making sexual contact or sexual penetration to include fondling of breast or genitals for sexual gratification, sexual intercourse, oral sex, anal sexual penetration, or exposing your genitals or anus to your natural child, stepchild or child by adoption; natural grandchild, step-grandchild or grandchild by adoption; sister or half-sister, brother or half-brother, niece or nephew? |
| 37. Have you ever engaged in any act involving hurting, harming or attempting to hurt or harm another person using a firearm, knife, club or any other deadly weapon? |
| 38. Have you ever engaged in any act of causing, planning or starting a fire or an explosion to damage or destroy vegetation, fences or structure on open land; or a building, habitation or vehicle belonging to you or another person? |
| 39. Have you ever engaged in any act involving the intentional damage or destruction of any property belonging to another person? |

| 40. Have you ever engaged in any act involving the use of a firearm, knife, club, deadly weapon, physical force, threats or intimidation in order to steal or take property from another person? |
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| 41. Have you ever engaged in any act involving breaking into a building, habitation, or any portion of a habitation or building in order to take or steal cash, property, or merchandise; or with the intent of committing any other criminal act? |
| 42. Have you ever engaged in any act involving breaking into or entering a vehicle of any kind, including cars, pickups, trucks, trailers, box cars, vans, or motor homes in order to commit theft or any other felony? |
| 43. Have you ever engaged in any act that deprives an individual of property, cash, or merchandise through theft by check, theft by false pretext, theft from a person, swindling, embezzlement, extortion, changing price tags, receiving stolen property, or stealing vehicles or vehicle accessories, or any other form of theft -including making a false claim to an insurance company? |
| 44. Have you ever engaged in any act involving forgery of any writing, document, signature, money, any legal document, license, contract, credit card, check, security agreement, will, deed or any deed of trust with the intention to defraud or harm any person or business? |

| 45. Have you ever engaged in any act involving use of a vehicle without the owner's consent or joyriding in a stolen vehicle? |
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| 46. Have you ever engaged in any act involving bribing or attempting to bribe any governmental officer or employee? |
| 47. Have you ever engaged in any act involving telling any lie, falsehood or misrepresentation of any act while under oath or a sworn or notarized document? |
| 48. Have you ever engaged in any act related to filing a false report to any peace officer? |
| 49. Have you ever engaged in any act involving impersonating a peace officer, official or other governmental official? |
| 50. Have you ever engaged in any act involving evading, resisting or interfering with any peace officer in making any arrest or detention of any person, including yourself? |

| 51. Have you ever engaged in any act involving the unlawful possession of any explosive weapon, machine gun, short-barreled firearm, armor-piercing ammunition, silencer, switchblade knife, metal knuckles, chemical dispensing device, or zipgun? |
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| 52. Have you ever engaged in any act involving the unlawful carrying of a handgun, illegal knife or club? |
| 53. Have you ever engaged in any act involving possession, downloading or accessing of obscene materials that contain images of a child (under 18 years of age)? |
| 54. Have you ever engaged in any act involving illegal gambling including promotion of a gambling house or possessing a gambling device? |
| 55. Have you ever engaged in any act involving any participation in any criminal enterprise or organized activity which seeks to further murder, arson, robbery, burglary, theft, kidnapping, aggravated assault, forgery, gambling, prostitution, promotion or distribution of drugs, promotion or sale of obscene materials, rape, or any other criminal act? |
| 56. Have you ever engaged in any type of activity that resulted in arrest, police investigation, or questioning by a law enforcement agency, including any instance where charges were filed, warrants issued, and/or bond posted? |

| 57. Have you ever engaged in any type of activity that resulted in your being a victim of a crime that resulted in arrest, police investigation, or questioning by a law enforcement agency, including any instance where charges were filed, warrants issued, and/or bond posted? |
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| 58. Have you ever engaged in any type of smuggling (humans, cigarettes, alcohol, weapons, other illegal contraband, etc.)? |
| 59. Have you ever engaged in any act of cruelty to any creature or animal that resulted in harm, injury, or death other than legally licensed sport hunting or fishing? |

THE POLYGRAPH EXAMINER IS AUTHORIZED BY THE DEPARTMENT OF PUBLIC SAFETY TO ASK YOU QUESTIONS ABOUT ANY DETECTED OR UNDETECTED CRIME IN WHICH YOU HAVE BEEN INVOLVED.

Activity Involving Theft/Finances

For all of the following questions, answer "Yes" or "No." If you answer "Yes," explain all "yes" answers that you have given for each question. Include date and locations of incidents, number of times, estimated dollar value, and/or other circumstances.

| 60. Have you ever engaged in theft of services (cable, meals, etc.)? |
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| 61. Have you ever engaged in shoplifting or other theft of merchandise, including but not limited to, failing to pay for merchandise at a place of employment? |
| 62. Have you ever engaged in theft of cash? |
| 63. Have you ever engaged in theft from an employer (including borrowing company money or goods without permission)? |
| 64. Have you ever engaged in theft of military items including but not limited to equipment, weaponry, ammunition, etc.? |
| 65. Have you ever engaged in theft of intellectual property (computer music, videos, software, etc.)? |

| 66. Have you ever engaged in any other forms of theft not listed above, including but not limited to, theft from a co-worker, cheating on a expense account, shortchanging a customer, overcharging a customer, deliberately damaging an employer's property? |
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| 67. Have you ever had property repossessed, pay garnished, been 30 days or more late on any payment, been behind or failed to pay child support, written bad checks, or cheated on income taxes? |

THE POLYGRAPH EXAMINER IS AUTHORIZED BY THE DEPARTMENT OF PUBLIC SAFETY TO ASK YOU QUESTIONS ABOUT ANY DETECTED OR UNDETECTED CRIME IN WHICH YOU HAVE BEEN INVOLVED.

Activity Involving Drug Use And/Or Distribution

In recent years, drug use has become common in our society. The Department recognizes that it would be almost impossible to hire anyone who has not experimented with some drugs. However, it is important that the Department be aware of your prior experimentations because, as a peace officer, you may in the future be called to testify as a witness in a criminal prosecution of an individual charged with illegal drug activities, and the defense could ask about your own personal drug use in an effort to attack or impeach your credibility.

In addition, the Department needs to assess your involvement in the sale of drugs to another person (with or without profit to you); delivery of drugs to another person; transportation of drugs to be sold; trading of drugs for anything of value; manufacturing of drugs; cultivation of drug plants; or any other manner of involvement in a transaction involving drugs.

For the following questions, answer "Yes" or "No." Explain all "yes" answers that you have given to the questions. Include dates and locations of incidents, which types, number of times, and/or other circumstances

| 68. Have you ever experimented with any other drug, including, but not limited to, amphetamine, bath salts, cocaine, crack, crystal meth, ecstasy, hashish, heroin, K2, LSD, marijuana, methadone, methamphetamine, morphine, mushrooms, peyote, spice, steroids, prescription drugs (with or without a prescription), qualudes, or any other type of drug? If yes, for each drug you experimented with, use the space provided below to identify the drug, the number of times you experimented with it, when and where you experimented with it, the last time you experimented with it, and the last time you were around someone else using that drug? |
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| 69. Have you ever experimented with drugs, including marijuana, while employed as a law enforcement or custodial officer? |

| 70. Have you ever sold, manufactured, cultivated, transported, or delivered any type of drug or falsified any type of prescription for any reason? If yes, use the space provided below to describe the activity, the number of times you engaged in that activity, and when you engaged in that activity? |
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| 71. Have you ever lived with anyone who used or |
| experimented with any drug? |
| THE DOLVODADILEVANINED IS AUTHODIZED BY THE |
| THE POLYGRAPH EXAMINER IS AUTHORIZED BY THE DEPARTMENT OF PUBLIC SAFETY TO ASK YOU QUESTIONS TO DETERMINE IF YOU WERE TRUTHFUL ABOUT YOUR INVOLVEMENT WITH ILLEGAL DRUGS. |
| Other Activity |
| Answer "Yes" or "No" to the following questions. Explain all "yes" answers. Includes dates and locations, number of incidents, types of incidents, and any other relevant circumstances. |
| 72. Have you ever been a member of any group or organization that advocates violent dissent or the overthrow of the United States government? |
| |

| 73. Have you ever been a member of, or affiliated with a group or organization that advocates violence, racism, or illegal activities, including, but no limited to the Aryan Brotherhood, Bandidos, Mongels, Crips, MS-13, Tangos, or Texas Syndicate, etc.? |
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| 74. Did you apply with the Department of Public Safety for any reason other than gainful employment? |
| 75. Have you done anything in your past that, if known by the Department, could possibly affect your application for employment? |
| 76. Have you been arrested for DUI/DWI? |
| 77. Have you ever driven while intoxicated or under the influence of drugs or alcohol? |
| 78. Have you driven with a suspended, revoked, or cancelled driver's license? |

| 79. Do you now or have you ever had any unpaid traffic tickets? |
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| 80. Has your vehicle insurance ever been |
| cancelled? |
| 81. Have you ever been involved in any hitand-run accidents or unreported accidents? |
| and run decidents of difference decidents. |
| 82. Have you ever been refused insurance or |
| has your insurance been cancelled? |
| 83. Have you ever been involved in an accident where any person was injured or killed? |
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| The following questions pertain only to prior law enforcement personnel including communications officers/corrections officers and are required for such: |
| 84. Have you ever served in law enforcement (including communications / corrections officers)? |
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| 85. While serving, did you ever accept any unauthorized or illegal gratuities? If yes, explain. |
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| 86. While serving, did you ever perjure yourself or lie about probable cause? If yes, explain. |
| 87. While serving, did you ever falsify any official report? If yes, explain. |
| 88. While serving, did you ever lie to your supervisor? If yes, explain. |
| 89. While serving, did you ever falsify any evidence? If yes, explain. |
| 90. While serving, did you ever provide contraband to any prisoner? If yes, explain. |

All Applicants answer "Yes" or "No" to the following questions:

| 91. Have you deliberately omitted or concealed any information on this questionnaire? |
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| 92. Did you understand all of the above questions? |
| 93. Did you answer all of the questions truthfully? |

Please Read, Type your Full Name, and Date

After reading the statement below, type your full name (your name typed into this document is considered your signature and as such is binding) the location where you signed the agreement, and the date.

94. You have now completed the polygraph pre-test booklet/personal history statement. You should stop for a moment and think about your answers to ensure that you have accurately provided all of the information that was requested. Review your answers. If you now recall any information that was requested that you did not include in the booklet, go back and make the correction.

I certify that the foregoing answers are true, correct, and complete to the best of my knowledge and belief. I have not withheld, falsified, or misrepresented any information requested in this booklet. I hereby grant authorization to the Oklahoma Department of Public Safety to contact any person or organization for information and/or documents to verify the validity of any previous statement.

| e validity of any previous statement. | • |
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